

July 1993

Clinical Center News

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Scientific sessions slated for 40th anniversary

The Clinical Center will celebrate four decades of intramural clinical research at NIH with a series of programs July 8-9. The events mark the 40th anniversary of the first patient admission to the Clinical Center.

"Four Decades of Heart Research: The Evolution of Yesterday's Truth to Today's Fiction and of Today's Fiction to Tomorrow's Reality," is the title for the public lecture scheduled July 8,

7:30-8:30 p.m., in Masur Auditorium. It will be presented by Dr. Stephen Epstein, chief, Cardiology Branch, NHLBI.

Opening ceremonies begin July 9 at 8:30 a.m. in Masur Auditorium with a welcome by Dr. Lance Liotta, deputy director for intramural research, NIH. Former NIH Director Dr. Donald Fredrickson will discuss the history of the Clinical Center at 9 a.m.

Scientific sessions follow from 9:30-11 a.m. Speakers include Dr. Harvey Alter, chief, Immunology Section and associate director of research, Department of Transfusion Medicine. His topic is "The Rise and Fall of Post-Transfusion Hepatitis."

Dr. Frederick Goodwin, director, NIMH, will speak on "Advances in Treatment of Mental Illness."

Dr. John Doppman, director, Diagnostic Radiology Department, will examine "Advances in Radiologic Imaging."

The program continues 11:15 a.m.-12:30 p.m. with "Making it Work: Integrating Care with Research." On the program are Dr. Adrienne Farrar, acting chief, Social Work Department; Dr. Marianne Chulay, clinical nurse specialist, Critical Care/Heart and Lung Nursing Service, Nursing Department; Dr. Lynn Gerber, chief, Rehabilitation Medicine Department; and Denise Ford, chief, Clinical Nutrition Services, Nutrition Department.

The celebration moves to the lawn outside the B1 cafeteria for a picnic and entertainment starting at 12:30 p.m. Guest Services, Inc., will sell 40th anniversary lunches.



Placing the foundations

President Harry S Truman placed the Clinical Center's cornerstone in ceremonies June 22, 1951. He urged the crowd to remember that "medical care is for the people, not just for the doctors—and the rich." The special edition inside this issue of *CCNews* takes a look back at the institution's formative years. Current employees offer their insights in next month's installment.

(Continued on the back page)

Students on duty for summer jobs at the Clinical Center

Forty-three high school and college students have reported for duty here as part of the summer aides program.

"This is the largest group of students we've ever had to apply and to participate," noted Ellen Williams, EEO specialist and program coordinator, "and it's the most diverse group in terms of culture and gender." Those participating are mainly 16 and 17 years old, and they are working in 12 Clinical Center departments.

More than 100 of the 146 applicants were high school students. "That reflects a real need in our community to help high school students find jobs," said Williams, "and we are pleased that additional slots were made available for those applying." Funding for the summer aides program is through the Clinical Center Office of the Director.

The students met their job-site mentors during a welcoming ceremony June 29. The program continues through Sept. 17.

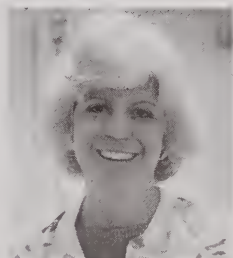


Donation Time Players

Pamela Geoffroy (left) and Phyllis Byrne, members of the Department of Transfusion Medicine's (DTM) Donation Time Players offered a stroll back in time and how the process of donating blood has changed. The skits were part of DTM's Donor Appreciation Day in May. Keynote speaker Dr. Anthony Fauci, NIAID director, thanked the donors for their commitment to and participation in the volunteer and research programs conducted in the department. Among those honored were Arnold Sperling, who received the Hall of Fame Award, and Charles Evans and Milton Whittington, who received 35-Year Outstanding Service Awards. A reception with food, games, and music followed the awards ceremony. For information on how to become a blood donor, call 496-1048.

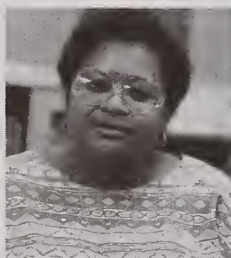
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Time capsules offer those living in the future insight into how we live and think today. What would you like to see go into a capsule to be opened in 2093?



Mary Ann Russell
Diagnostic
Radiology Dept.

"My Elvis Presley records, of course."



Veronica Oates
Outpatient Dept.

"A picture of NIH so when the capsule was opened, people could see what a nice place this is."



Dale Grothe
Pharmacy Dept.

"A videotape of 'Jurassic Park' and (news) clips of the dissolution of the Berlin Wall and the Soviet Union."



Dr. Usha Chaudhry
Rehabilitation
Medicine Dept.

"The staff's compassion and the fulfilling feeling of working here."

CC News

Editor: Sara Rand Byars

Clinical Center News is published monthly by the Office of Clinical Center Communications, Colleen Henrichsen, chief, for employees of the Clinical Center, National Institutes of Health, Department of Health and Human Services.

News, article ideas, calendar events, letters, and photographs are encouraged and can be submitted to Bldg. 10, room 1C255, or by calling 496-2563. You may also contact your department's *CC News* liaison.

Deadline for submission is the second Monday of each month. If possible, submit your article on a Macintosh disk (Microsoft Word preferred).

July 1953-July 1993

Looking back:

- Truman places stone
- Clinical Center dedicated
- First patient admitted

Clinical Center News



The Cross-of-Lorraine shape of the Clinical Center is evident as the structure rises from its massive excavations.

'Tool of steel and stone' dedicated 40 years ago

On July 2, 1953, Washington area residents sweltered through record-breaking heat. It hit 94 degrees just after noon and the mercury kept rising.

Crowds lined up for air-conditioned comfort in local theaters to watch Betty Grable in "The Farmer Takes a Wife" and Leslie Caron in "Lili."

Front page of the *Washington Star* declared that the U.S. deficit had climbed to \$9 billion, despite

peak tax collections. The paper's editorial writers asked, "Must a good president fight Congress?"

Casey Stengel barred reporters from the Yankee's clubhouse in the wake of the team's dismal losing streak. The Public Health Service reported 4,057 polio cases so far in the year.

And at about 10:30 that morning, Oveta Culp Hobby, Secretary of Health, Education,

and Welfare, formally dedicated the Clinical Center.

"It is a tool of steel and stone," she said of the \$64 million facility, "to be used in improving and testing the results of medical research by relating those results directly to patients suffering from the diseases under investigation."

Some 1,500 perspiring guests braved the area's heat wave to

(Continued on the next page)

The design of the Clinical Center wrapped patients with a set of laboratories, hospital officials told reporters at dedication ceremonies in 1953. Before the first patient was admitted, more than 1,500 had written asking to be a part of studies here.



... speakers lauded building's mission, potential

(Continued from the previous page)

witness the ceremonies, according to the *Washington Post*. "A set of laboratories wrapped around a 500-bed hospital" is how Secretary Hobby described the new building to reporters.

Dr. William H. Sebrell, then NIH director, told the *Post* reporter during the day's events that Clinical Center patients "will be the best-studied patients in the world." Before the first patient was admitted, more than 1,500 individuals wrote asking to come here.

Newspaper accounts touted the new building's features—a revolving chapel to accommodate various denominations, shower heads in hallways outside labs, and "elevators all over the place." Reporters noted the air-conditioning and color schemes: "There's no hospital white."

Not only did the Clinical Center's remarkable design surround patients with labs, it also allowed interaction of health specialists from various



Oveta Culp Hobby, Secretary of Health, Education, and Welfare, formally dedicated the Clinical Center. "This will be far more than simply another federal hospital," she told the crowd.

disciplines. Dr. Jack Masur, first CC director, remarked: "A term of reference in the design of the Clinical Center was our desire for laboratory people to be in proximity to the patient care people. In other words, we wanted to have a physical situation in which specialists in many

disciplines in the several institutes would be thrown into contact with each other in the elevators, at the luncheon table, at seminars, and meetings."

The need for a facility such as the Clinical Center had been officially voiced by the Surgeon General in 1911. He wrote: "The time has now come when in order to obtain the best results from laboratory work, there should be available a hospital attached to the laboratories. . ." Such a facility topped the PHS list of postwar construction projects in 1944. Congress approved the first money for the building several years later. Construction began in 1948.

The Center's original \$64 million price tag added up like this: \$3.5 million for site acquisition and original plans, \$34 million for the building itself, \$8 million for lab equipment and initial supplies, \$17.5 million for auxiliary structures such as the boiler plant, laundry, and utility buildings, and \$1 million for resident staff apartments.

Truman's message focused on affordable health care

About midway between groundbreaking and dedication of the Clinical Center, President Harry S Truman stepped up to a platform in front of the building's still-growing brick facade. His light-colored summer suit looked more like the white shirt-and-pant uniforms of the construction workers waiting in the background than the dark and dignified garb of the dignitaries gathered around him.

He was there on June 22, 1951, to talk about NIH and to place the cornerstone for the building that was taking shape. Some 3,000 guests stood through sporadic sprinkles and a threatened downpour during the hour-long ceremonies, the *Washington Post* reported. More rain fell after his formal address, and the President stepped back up to the microphone to add, "Go ahead and put up your umbrellas. I'm a Baptist myself and I don't like to be sprinkled, either."

That folksy humor was typical Truman style. As was his rock-steady concern for those who worked hard for a living. His words that day are startlingly current 42 years later: "We have the problem of meeting the cost of medical care. The research discoveries which will be made at the Clinical Center and elsewhere must not be confined to a chosen few, simply because the rest of us cannot afford to use them."

He went on to tell the crowd: "Medical care is for the people and not just for the doctors—and the rich. Our objective must be to make the best modern medical care available to more and more people."

Gripping a trowel that had been used in laying the cornerstone of the PHS building at 19th Street and Constitution



Trowel in hand, President Truman stands ready to help place the Clinical Center's cornerstone in 1951. Behind him are Dr. William H. Sebrell, then NIH director, contractor John McShain, and Dr. Leonard A. Scheele, then surgeon general.

Avenue in 1932, President Truman made a ceremonial swipe at sealing into the walls of the still-under-construction Clinical Center a cornerstone that served as neither foundation nor support.

But its presence symbolized a home for what Truman called "the greatest groups of scientists ever

gathered together for basic and applied medical research."

He continued: "I see this structure a symbol of what is finest in our way of life. May it serve for many generations as a monument to our desire for human health and happiness in a world at peace."

masonry mystery

We know where it was—about halfway down the corridor that now splits the north wing. It was part of an outside wall that no longer exists.

We know what was in it—drugs, therapeutic aids, and devices that represented, in 1951, the most advanced techniques in clinical medicine.

We know when it was removed—on June 14, 1977. Workers on the ACRF addition took it intact from the original front wall of the Clinical Center.

What we don't know is where it went.

It's the cornerstone of the original Clinical Center building. It was placed along with a time capsule by President Truman during ceremonies on June 22, 1951.

We're stumped, and so is everyone we've asked. Do you have the answer? Can you solve the mystery? Call us at 496-2563.

Masur's vision a Clinical Center foundation

His sustained, focused vision and drive framed the Clinical Center as literally as any bricklayer's trowel or carpenter's hammer.

A singular intensity earned him a reputation for "endearing belligerence." That was the phrase former NIH Director Dr. William H. Sebrell used in praising his role in the development of the Clinical Center to crowds gathered for the institution's dedication four decades ago.

That description of Dr. Jack Masur—the institution's guiding force and first director—rings true to his son today.

"He was very persistent at getting what he wanted and he didn't give up easily," says Dr. Henry Masur—chief of the Critical Care Medicine Department—of his father. "He had a vision for what he wanted and if he was going to be involved, he wanted that vision carried out."

A toddler when the Masur family moved south from New York, Masur's earliest memories of the project that was to become the Clinical Center are those that would impress most youngsters—seeing the animal facilities and watching heavy construction equipment being brought in.

It's in adulthood that he's come to recognize the magnitude of the work of his father and his father's colleagues, coworkers whose names read like a chronicle of the country's medical development. "I certainly remember a lot of the people involved," he says, "but what they were doing here was always somewhat vague to me. Since joining the medical profession,

I've come to recognize who these people were."

Their goal was to design and staff the world's premier hospital for combining the best in biomedical research and clinical practice.

There would be no slowing the momentum. Faced with threatened strikes in 1950, Dr. Jack Masur remarked: "There are 17 million square feet in this job and 17 million details," none of which would prevent completion of the Clinical Center.

"That sounds like his approach," his son nods. "He was very forceful about what he thought ought to be done and finding a way to do it."

Dr. Masur left the Clinical Center shortly before President Truman placed the cornerstone in June 1951, two years before the first patients were admitted. He spent the next five years directing the PHS medical care programs

by administering its hospitals and other facilities.

His father was eager to come back to NIH, Dr. Henry Masur says, and didn't hesitate when asked to return as director in 1956. "I think he saw NIH and the Clinical Center as something worthwhile that needed to be sustained and moved forward."

The founding fathers of the Clinical Center more than 40 years ago shared an unshakable depth of commitment.

"There's a group of people in that era who were very committed to the Public Health Service and to all the missions of the service—Indian health, the quarantine service, the Marine hospital," Dr. Masur says. "The career PHS people saw it their life's work to make all the services first rate."

"This institution doesn't follow standards, it sets them," is how the elder Dr. Masur put it in a medical board meeting in 1957.

"He, like a lot of people of that era, felt the Clinical Center ought to be showing the nation what direction to go rather than following the standards other people set," his son says. "That for a long time has been the vision here."

Dr. Jack Masur and his fellow planners developed a hospital that has endured. It would be a facility, he told a reporter in 1950, designed to "wrap patients in laboratories."

The elevators, though, were a constant source of "bedevilment," his son says. Plans called for an extraordinary number of elevators, a feature those holding the purse strings were not inclined to fund.



Dr. Henry Masur, chief of the Critical Care Medicine Department, has both personal and professional ties to the Clinical Center

“They had put in excess elevator capacity predicting people would have to be going up and down to the OR and to x-ray. Of course, as soon as the building was open they didn’t have enough. That was a topic of conversation for as long as I can remember.”

Perfecting a design that would allow infrastructure to expand as technology grew was critical. “They tried to build in enough backup to handle any clinical laboratory changes that would come in the future.”

For a good many years, that design and function served well. Today, the concept of tandem patient care and lab areas is still at the Clinical Center’s core, but advances in technology and changes in health care delivery have raced far beyond the first built-in systems for expansion. The original Cross-of-Lorraine shape of the 14-story, red-brick building is hardly recognizable with the addition of modules of more modern medicine.

That physical restructuring probably wouldn’t surprise his father as much as how today’s administrative requirements have changed. The scrutiny given the Clinical Center budget by a mushrooming number of oversight agencies would likely be a shocker, as would the number of agencies competing for the research dollar, Dr. Masur says.

“They [early administrators] were always concerned about efficiency and demonstrating to the public and to Congress they were not spending money [frivolously]. They did want the maximum amount spent on laboratory facilities and on issues important in quality of care, but not on items that would be seen as luxuries.”

A few months after Dr. Masur’s death in 1969, the CC auditorium was dedicated as Masur Auditorium. “It was very

“They tried to build in enough backup to handle any clinical laboratory changes that would come in the future.”

positive in that people felt strongly enough to have an auditorium in a government facility named for him,” recalls his son who had just begun medical school, “but it was very difficult to come for the dedication and see all the people who had been part of his life and the people he’d known when he was no longer here.”

Twelve years later Dr. Henry Masur joined the staff of the world-renown hospital his father had helped shape. “I came here because I’d been brought up with the idea that this is a really wonderful place to work,” he says. “Research and training were why my father stayed here. When I came back to look at a job here, I realized this really was a unique opportunity to do biomedical research with uniquely talented and dedicated people.”

Enabling that unique opportunity by designing a structure and a system in which it can flourish is perhaps Dr. Jack Masur’s greatest gift to the Clinical Center.

“The quote outside the auditorium epitomizes my father’s legacy,” Dr. Masur says.

It reads: “Research enhances the vitality of teaching; teaching lifts the standards of service; and service opens new avenues of investigation.”



Dr. Jack Masur, who died in 1969, was the Clinical Center’s guiding force and first director.

Care for patients at Clinical Center's heart

A footnote in Dr. Roy Hertz's career binds him irretrievably to the Clinical Center.

His patient, #00-00-01, a 67-year-old, white-haired farmer named Meredith, was the first admitted here. More than a quarter of a million patients have followed.

Charles C. Meredith was one of five patients who came to the Clinical Center on July 6, 1953. All shared space on 12-East. "There were more doctors than patients when the Clinical Center started out," notes Dr. Hertz, NIH Scientist Emeritus, National Institute of Child Health and Human Development. But the move signaled the end to fragmented and far-flung efforts to develop intramural research and the beginning of a more centered and grounded program.

Dr. Hertz—who came to NIH on the day after the attack on Pearl Harbor in 1941—had been involved in a National Cancer Institute clinical program that began at what's now D.C. General Hospital, a 40-minute drive through the city. "The conditions there were very, very limited," he points out. "We had very poor control of the patients, but tried to make whatever observations we could."

The program moved to George Washington University Hospital in 1949, he says, "where the Cancer Institute—which at the time had very abundant funds—rented a floor which I was given the privilege of operating."

The arrangement offered investigators 28 beds and the ability to closely monitor the patients with the help of a trained nursing staff.

"At George Washington we paid for everything, whether the



Dr. Roy Hertz admitted the Clinical Center's first patient—Charles C. Meredith—on July 6, 1953. More than a quarter of a million have followed.

beds were occupied or not, and the medical school was very happy about the arrangement," Dr. Hertz said in an interview earlier this year.

"All the physicians in the area became interested in what we were doing and were very supportive. I tried very hard to develop good working relations with them so as not to, in any way, impair the activities of the private

physician and yet to supplement their efforts with research over and beyond what they could do as physicians. We tried to make that very clear because at first they were quite apprehensive about us taking over their practice, and that was a very tricky thing to solve in the original development of our clinical activities."

Initial resistance to the institutes' activities in clinical

research came from the nation's teaching hospitals, Dr. Hertz notes. "They felt that the money should be allocated for them, not for intramural research. It was an uphill battle."

Dr. Hertz's primary investigations at the time examined the effects of hormonal manipulation on a variety of malignancies. His patient—the Clinical Center's first patient—was being treated for prostate cancer and had been under Dr. Hertz's care for about two years.

"Mr. Meredith was a wonderful person, a farmer who owned about 150 acres near what is now Gaithersburg," says Dr. Hertz. "He lived on the farm and worked the farm. We became very good friends, beyond the usual doctor-patient relationship."

When the patients were moved from the off-reservation facility to the Clinical Center, Dr. Hertz explained to his patient that treatment and investigations would be carried on as usual but under better controlled conditions. "We all worked very closely together and worked out a research facility which was ready to be transferred to the Clinical Center."

While the investigations themselves continued according to protocol, "total chaos" is how he describes the Clinical Center operations during those first few months. "All interactions had to be worked out—procuring lab work, securing x-rays, and performing autopsies."

At the heart of patient referrals during those years was the protective concern of private physicians. "Some of the older physicians in the Washington area would accompany their patients to the original interview to see what we could work out for the benefit of their patient," Dr. Hertz says. "It was very touching."

closer look

Dr. Hertz's career goes beyond that initial patient admission. The contributions of Dr. Hertz and his group include the chemotherapeutic cure for the malignancy choriocarcinoma; the biological and clinical basis for orally administered norproggestins used in the development of contraceptive pills; the adrenal gland inhibitor amphenone, the original compound from which the drug metyrapone was derived; and the initial statistical studies emphasizing the need for extensive epidemiological investigations into health problems arising from the use of estrogens in menopause.

The patients' collective contributions to the quest for new knowledge reached beyond textbook descriptions of disease and treatment. "Patients taught me how to live and, I might say, how to die," Dr. Hertz says simply.

That aspect of clinical care has changed little over the past 40 years. "The patients come in with two basic elements. One is hope. They have been led to believe that nothing further can be done for them. They come here with the hope that something new can be tried."

They also come with fear. "New things will be tried, some things that we do not understand very well. Certain risks will be undertaken."

Clinicians and nurses fought to nurture that hope and absorb the fear as diligently as they worked to end disease. "We had marvelous, wonderful nurses. They were initially more immediately involved in actual patient care and executed the protocols we devised. Many protocols required procedures be carried out hourly. We had to have reliable, skilled individuals to take our place during the time we weren't there, which in those days wasn't very often."

The interdependency of teaching and learning between patient and practitioner continues to provide the Clinical Center's broad-based foundation. What has changed is the institution's structural and investigative scope.

"We focused originally on

relatively few aspects of clinical medicine," Dr. Hertz says. Today that focus covers a lifetime of clinical problems, cradle to grave.

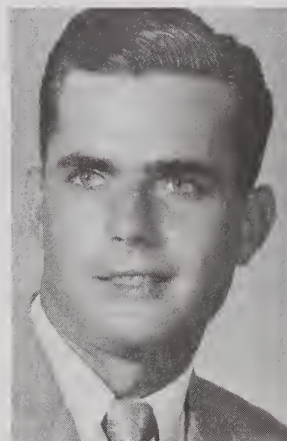
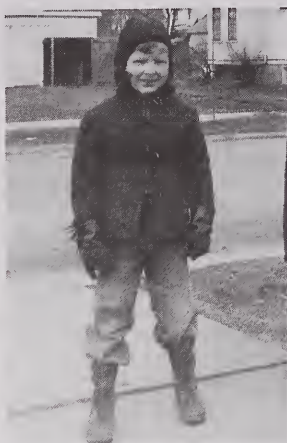
"It serves that function quite admirably."



"We had marvelous, wonderful nurses," Dr. Hertz (standing center) said of Clinical Center staff. Clinicians and nurses fought to nurture their patients' hope as diligently as they worked to end disease.

A family album

Anniversaries are for looking back and taking stock. That's why we put together this family album. To take a look at what some members of the Clinical Center family were doing in 1953. Can you guess who's who? See the box at bottom for answers.



Top row from left: Dr. Ronald Neumann, chief, Nuclear Medicine Department; Ray Becich, executive officer; Jane Hall, chief, Surgical Services; and Dr. Saul Rosen, Clinical Center acting director. **Second row:** Colleen Henrichsen, chief, Clinical Center Communications; John Slovikosky, financial resources officer; Dr. Frederick Bonkovsky, acting chief, Bioethics Program; and Dee Koziol, deputy director of hospital epidemiology. **Third row:** Kathryn McKeon, associate hospital director for nursing; Rev. Ray Fitzgerald, chief, Spiritual Ministry Department; Larry Eldridge, deputy executive officer for operations; Warren Moyer, assistant hospital administrator; and Tom Reed, director, Office of Human Resources Management. **Fourth row:** Rona Buchbinder, employee development specialist, Office of Human Resources Management; Dr. Martin Goldenberg, chief, Office of Medical Board Services; and Jim Ebner, chief, Occupational Therapy Section, Rehabilitation Medicine Department.



Japanese blood donors needed for studies

Clinical Pathology's Hematology Service urgently needs Japanese blood donors for a study of Nak^a- individuals. A small blood sample (10 ml) will be taken. Compensation will be made at the time of donation. For more information, call 496-6891.

Luncheon, scholarship honor Edith Jones

The Nutrition Department will host a luncheon to honor Edith Jones July 9. Jones, who died on June 24, served as department chief from 1953 until her retirement in 1983. Invitations have gone out to current and former department staff members.

Organizers plan to announce a recipient of the first Edith Jones Scholarship for Clinical Center Dietetic Interns. That scholarship fund was established by the District of Columbia Dietetic Association in recognition of Jones's service to the profession.

Masur named distinguished teacher

Dr. Henry Masur, chief of the Critical Care Medicine Department, has received the 1993 Distinguished Clinical Teacher Award. The NIH clinical associates presented the award in June.

New hotline opened

There is a new NIH hotline available to report inappropriate workplace behavior. Employees can call 1-800-572-3305 Monday-Friday, 8:30 a.m.-5 p.m. A contract firm will operate the hotline and document allegations or concerns. Anonymity will be respected if requested. Contacting the hotline does not constitute filing an equal employment opportunity complaint. Clinical Center employees can call 496-

1551 for details on that process.

Establishing the hotline is one of a series of actions the NIH has put into place to investigate all forms of discrimination in the workplace.

Benefits for commuters upgraded this month

Commuters will get a lift July 20 when NIH TRANSHARE program upgrades go into effect. Changes include:

- The subsidy increases from \$21 to \$42 a month.
- Off-campus employees, Stay-in-School employees, and van poolers can now participate.

•The R&W at Executive Plaza South will now be able to distribute monthly NIH TRANSHARE fare media. Sign-ups and quarterly renewals will continue to be available only in the

parking office in Bldg. 31.

Gail Thorsen of the Employee Transportation Services Office, NIH Division of Security Operations, noted other changes in traffic matters:

•Fewer spaces will be available at Garage 57 located on Elm Street and Woodmont Avenue. Spaces leased for NIH include those numbered 780-930.

•There will be fewer spaces leased at Shady Grove Metro Station, too. Park in spaces numbered 1-300 only.

The office is investigating an emergency ride home program for car pool, van pool, and public transit users, Thorsen says. This program will authorize subsidized cab fare home in the event of an emergency such as a sick child or personal illness.



In appreciation

Housekeeping aide and QT facilitator Rachael Flowers presented a plaque in appreciation to Warren Moyer (center), assistant hospital administrator. Employees of the Housekeeping and Fabric Care Department (HFCD) recognized Moyer for his support in converting temporary employees to permanent positions and in establishing Quality Together in the department. Recently retired HFCD chief Walter Moten was also honored for his support, positive management approach, and dedicated concern for his employees and supervisors, Flowers said. With them is John Smith, acting HFCD chief.

Bidding wars benefit emergency fund

Bidders had kicked in more than \$14,500 for the Patient Emergency Fund by the time the auctioneer's gavel fell for the final time during this spring's auction sponsored by R&W and Friends of the Clinical Center (FOCC). More than 500 people attended the live auction in the Visitor Information Center. "Without R&W's untiring efforts to solicit items for sale, as well as private donations by NIH employees, the auction could not have been possible," said Jan Weymouth, auction chair and FOCC president.



Lectures, picnic highlight 40th

(Continued from page 1)

Moderator for the 1:30-3:30 p.m. plenary session on gene therapy is Dr. W. French Anderson, professor of biochemistry and pediatrics at the University of Southern California. Topics and presenters are:

- "Gene Therapy for Immunodeficiency," Dr. R. Michael Blaese, deputy chief, Metabolism Branch, NCI;
- "Gene Therapy of Cancer," Dr. Steven A. Rosenberg, chief of surgery, NCI;
- "Gene Transfer into Hematopoietic Stem Cells," Dr. Arthur Nienhuis, director, St. Jude's Children's Research Hospital;
- "Gene Therapy for Cystic Fibrosis," Dr. Ronald Crystal, chief, Division of Pulmonary and Critical Care Medicine, Department of Medicine, New York Hospital-Cornell Medical Center.
- "Selective In Vivo Transduction with a Suicide Gene: Gene Therapy of Malignant Brain Tumors," Dr. Edward H. Oldfield, chief, Department of Neurosurgery, NINDS; and

- "Human Gene Therapy: The Present and the Future," Dr. Anderson.

Dr. Samuel Broder, director, NCI, will moderate 3:45-5:30 p.m. sessions on advances in the biological management of cancer. Topics and presenters are:

- "Cancer Drug Development at the Clinical Center: Methotrexate, MOPP, and MDR," Dr. Bruce Chabner, director, Division of Cancer Treatment, NCI; and
- "Radiolabeled and Genetically Engineered Antibodies: Novel Approaches to the Therapy of Cancer," Dr. Thomas Waldmann, chief, Metabolism Branch, NCI.

The celebration concludes with a reception in the Clinical Center Visitor Information Center featuring remarks by Nobel Prize recipients Dr. Christian B. Anfinsen, Dr. Julius Axelrod, Dr. D. Carleton Gajdusek, and Dr. Marshall Nirenberg.

The reception will also feature presentation of the portraits of former CC directors which will hang permanently outside Lipsett Amphitheater.

july

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Grand Rounds

12 noon-1 p.m.
Lipsett Amphitheater
Ion Channel Diseases: Cystic Fibrosis and Alzheimer Dementia, Harvey Pollard, M.D., Ph.D., NIDDK; *Methodologic Issues in AIDS Clinical Trials*, Susan Ellenberg, Ph.D., FDA

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Grand Rounds

12 noon- 1 p.m.
Lipsett Amphitheater
The Waardenburg Syndrome, Jorgen Fex, M.D., Ph.D., NIDCD; *Genetics and Cardiovascular Disease: A New Frontier*, Stephen Mockrin, Ph.D., NHLBI

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Grand Rounds

12 noon-1 p.m.
Lipsett Amphitheater
Beauty and the Eye of the Beholder: Normal and Abnormal Color Vision, Rafael Caruso, M.D., NEI; *Sydenham Chorea*, Susan Swedo, M.D., NIMH

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Grand Rounds

12 noon- 1 p.m.
Lipsett Amphitheater
Radiation Therapy for Cancer of the Cervix, Alan Epstein, M.D., NCI; *The Effects of Aging on Personality*, Paul Costa, Jr., Ph.D., NIA